



# RECEIVED

AUG 5 2008

MAINE ETHICS COMMISSION

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333

Office: 242 State Street, Augusta, Maine

Website: [www.maine.gov/ethics](http://www.maine.gov/ethics)

Phone: 207-287-4179

Fax: 207-287-6775

## REGISTRATION: BALLOT QUESTION COMMITTEES

### (FOR PERSONS AND ORGANIZATIONS OTHER THAN PACs INVOLVED IN BALLOT QUESTION ELECTIONS)

Any person not defined as a political action committee who solicits and receives contributions or makes expenditures, other than by contribution to a political action committee, aggregating in excess of \$5,000 for the purpose of initiating, promoting, defeating or influencing in any way a ballot question shall register with the Commission as a ballot question committee within 7 days of receiving contributions or making expenditures that exceed \$5000. (21-A M.R.S.A. §1056-B)

Is this an amendment? ☐ Yes ☒ No

ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

COMMITTEE INFORMATION	
Filing notices and correspondence will be mailed to this address.	
Committee name <b>Maine People's Alliance</b>	Acronym <b>MPA</b>
Mailing address <b>565 Congress St., #200</b>	Phone <b>797-0967</b>
City, zip code <b>Portland 04101</b>	Fax
E-mail <b>jesse@mainepeoplesalliance.org</b>	Website <b>www.mainepeoplesalliance.org</b>
TREASURER OF THE COMMITTEE	
Name <b>Jesse Graham</b>	Phone <b>797-0967</b>
Mailing address <b>565 Congress St., #200</b>	
City, zip code <b>Portland 04101</b>	E-mail <b>jesse@mainepeoplesalliance.org</b>
OTHER PRINCIPAL OFFICERS (IF ANY)	
Name	Title
Mailing address	Phone
City, zip code	E-mail
Name	Title
Mailing address	Phone
City, zip code	E-mail

**ALTERNATE E-MAIL ADDRESSES**

To receive important information from the Commission

1.

2.

**PRIMARY FUNDRAISERS AND DECISION MAKERS**

Identify all individuals who are the committee's primary fundraisers and decision makers regarding ballot question activity.

1. Jesse Graham

2. Amy Thompson

3.

4.

5.

6.

**FORM OF ORGANIZATION**

Name the form or structure of organization, i.e., cooperative, corporation, voluntary association, partnership, etc.

Form of organization

Date of origin/incorporation

Ballot Issue committee, voluntary association w/MP/

8/4/08

**STATEMENT OF SUPPORT OR OPPOSITION**

Indicate the ballot questions that the committee supports or opposes. Include the ballot question number (if known) and the ballot question title.

SUPPORT


OPPOSE

Veto effort to repeal beverage tax for healthcare


**SIGNATURE OF COMMITTEE'S TREASURER, PRINCIPAL OFFICER OR OTHER AUTHORIZED INDIVIDUAL**

Signature



Title

Executive Director

Print name

Jesse Graham

Date

8/4/08